



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>47 Silver Bow</b>		<b>0840 Butte Elem</b>					<b>Elementary</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	1	A	28	1.57	76	08/25/04	_____	_____
50	1	B	10	1.57	77	08/25/04	_____	_____
100	1	c	14.2	1.57	76	08/25/04	_____	_____
100	1	D	10	1.36	66	08/25/04	_____	_____
50	1	E	26	1.57	77	08/25/04	_____	_____
50	1	H	10	1.57	76	08/25/04	_____	_____
50	1	J	11	1.36	66	08/27/04	_____	_____
50	1	K	16	1.57	77	08/25/04	_____	_____
50	1	M	16.5	1.57	77	08/25/04	_____	_____
50	1	O	18.6	1.57	76	08/25/04	_____	_____
50	1	P	20.7	1.57	77	08/25/04	_____	_____
50	1	Q	19	1.57	77	08/25/04	_____	_____
50	1	R	42	1.57	77	08/25/04	_____	_____
50	1	SE1	22	1.57	77	08/27/04	_____	_____
50	1	SE2	16.8	0.95	39	08/25/04	_____	_____
50	1	SE3	15	1.36	66	08/25/04	_____	_____



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	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

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County:	District:						District Level:		
47 Silver Bow		0842 Ramsay Elem						Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	3	1	37.7	1.57	72	08/25/04	_____	_____	
100	3	2	36.6	1.57	72	08/25/04	_____	_____	
100	3	3	25.7	1.57	72	08/25/04	_____	_____	



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>47 Silver Bow</b>		<b>1212 Butte H S</b>					<b>High School</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	1	A	28	1.57	76	08/25/04	_____	_____
50	1	B	10	1.57	77	08/25/04	_____	_____
50	1	E	26	1.57	77	08/25/04	_____	_____
50	1	H	10	1.57	76	08/25/04	_____	_____
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